

# REGISTRATION FORM

## 2008 Conference for People with Disabilities

December 2-3, Hyatt Regency, Downtown Indianapolis

**Due: on or before November 14, 2008** (*Scholarship applications due Oct. 27.*) Complete both sides as appropriate. One person per registration form. Please photocopy this form, if necessary. You will receive a confirmation postcard or e-mail.

All cancellation requests must be made in writing. Cancellations are subject to a \$30 administrative fee. We regret that refunds cannot be offered for "no shows" or cancellations received after November 14. Substitutes are welcome.

### Make checks payable to:

Sandy Kite Hunt, Conference 2008

**No credit cards accepted.**

### Mail this registration form with payment to:

Indiana Conference for People with Disabilities

150 W. Market St., Suite 628

Indianapolis, IN 46204

Name (please print clearly for nametag) \_\_\_\_\_

Organization \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

☐ Home

☐ Work

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Telephone (day) \_\_\_\_\_

Telephone (evening or cell) \_\_\_\_\_

E-mail \_\_\_\_\_

Would you like to receive Council e-mail news? \_\_\_\_\_

☐ Yes

☐ No

☐ Already receive

### Information (Please check all that apply.)

☐ **I am applying for a scholarship.**

(Indiana SSI, SSDI or TANF recipients only.  
Please fill out both sides of this form.)

☐ **I am a Partners in Policymaking  
graduate from \_\_\_\_\_.** (year)

☐ **I have an access request.**

(Please complete the access requests section  
on the opposite side.)

**Fees** (Note that all fees are subsidized by the Governor's Council for People with Disabilities to ensure that all who want to attend have the means to do so. No credit cards accepted. Please make checks payable to **Sandy Kite Hunt, Conference 2008.**) *Please check all that apply.*

☐ **Scholarship applicant — \$10**

(Fee covers meals and the reception.)

☐ **A personal care assistant will accompany me — \$15**

☐ **Nonprofessional Indiana resident  
with disabilities, and parents**

☐ **Both days — \$65 in advance, \$75 at the door**

☐ Tuesday lunch

☐ Tuesday reception

☐ Wednesday lunch (Awards program)

☐ **One-day rate — \$50 in advance, \$65 at the door**

☐ Tuesday only

☐ Wednesday only

☐ **Professional and all non-Indiana residents**

☐ **Both days — \$135 in advance, \$150 at the door**

☐ Tuesday lunch

☐ Tuesday reception

☐ Wednesday lunch (Awards program)

☐ **One-day rate — \$80 in advance, \$95 at the door**

☐ Tuesday only

☐ Wednesday only

☐ **Wednesday lunch (Awards program) only — \$55**

**TOTAL ENCLOSED \$**

# Scholarship Application

DUE: on or before OCTOBER 27, 2008  
INDIANA RESIDENTS ONLY

Scholarships are available on a first-come, first-served basis to Indiana SSI, SSDI or TANF recipients only.

## Applicant (Please check all that apply.)

- ☐ I am requesting a scholarship for \$55 off the registration fee, which includes meals and the reception. (Applicant must pay \$10 for registration upon submitting request. Checks will be returned if scholarship is not approved.) Please complete the access requests section, if appropriate.
- ☐ I (my child or other member of my household) receive SSI, SSDI or TANF.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

You will be notified about the scholarship within 10 business days of returning this form.

## Hotel Overnight for Scholarship Recipients — Tuesday, December 2

NOTE: Only for scholarship recipients 50 miles or more outside of Indianapolis. Hotel reservations will be billed directly to the Council. Most accessible rooms will be provided by the Westin Hotel across the street from the Hyatt. Scholarship recipients must share rooms (except in highly special circumstances).

- ☐ I require a wheelchair accessible room.    ☐ Manual    ☐ Electric
- ☐ I require a room equipped for a person with a hearing impairment.
- ☐ I require a room near the elevator.
- ☐ I CANNOT be assigned a roommate because \_\_\_\_\_

## Personal Care Assistants

NOTE: Participants requiring substantial amounts of assistance are asked to secure their own personal care attendants.

- ☐ Yes, a personal care assistant will accompany me to the Conference. The registration fee for a personal care assistant is \$15.

Name of assistant \_\_\_\_\_

Cellular telephone number \_\_\_\_\_

- ☐ I am requesting personal assistance provided by the Council. Please describe assistance needed:

\_\_\_\_\_  
\_\_\_\_\_

## Access Requests

- ☐ I need wheelchair access.                      ☐ I need a sign language interpreter.
- ☐ I have a service animal.                      ☐ I need CART (Communication Access Real-Time Translation)
- ☐ I need parking for a high-top van.
- ☐ I require printed conference materials in the following alternate format:

\_\_\_\_\_  
\_\_\_\_\_

- ☐ I have dietary restrictions (please explain).

\_\_\_\_\_  
\_\_\_\_\_

- ☐ Other requests (please explain).

\_\_\_\_\_  
\_\_\_\_\_